

Appendix A: Survey Materials

DLNR Trail and Park User Census

DLNR High Use Trail and Park Census

Survey Procedure and Method Reference Sheet

Database Codebook



DLNR Trail and Park User Census

Island: _____ Trail: _____ Weather: _____

Refused ☐

Date: _____ Time: _____ Observed By: _____

Observation # _____

Total # in Party:

Commercial Group?

Yes

IF YES, STOP! DO NOT INTERVIEW!!!

No

Other Activity:

- ☐ a. Bicycling
☐ b. Hunting
☐ c. Fishing
☐ d. Horseback riding
☐ e. ATV/4-wheel driving
☐ f. Cultural Practices

1. What did you bring with you today?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Backpack
☐ ☐ ☐ ☐ b. Water
☐ ☐ ☐ ☐ c. Food
☐ ☐ ☐ ☐ d. First Aid Kit
☐ ☐ ☐ ☐ e. Cell Phone
☐ ☐ ☐ ☐ f. Map
☐ ☐ ☐ ☐ g. Rain Gear
☐ ☐ ☐ ☐ h. Flashlight
☐ ☐ ☐ ☐ i. Whistle
☐ ☐ ☐ ☐ j. Walking Stick

2. What was your primary reason for going hiking today?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Exercise/Physical Activity
☐ ☐ ☐ ☐ b. Experience Nature
☐ ☐ ☐ ☐ c. Traditional/cultural
☐ ☐ ☐ ☐ d. Spend time with a friend
☐ ☐ ☐ ☐ e. See the attraction/view
☐ ☐ ☐ ☐ f. Other

3. How did you access the trail/park?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Car
☐ ☐ ☐ ☐ b. Bus
☐ ☐ ☐ ☐ c. Bike
☐ ☐ ☐ ☐ d. Walked
☐ ☐ ☐ ☐ e. Taxi
☐ ☐ ☐ ☐ f. Other

4. How did you learn about the trail?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Word of Mouth _____
☐ ☐ ☐ ☐ b. Trail Guidebook _____
☐ ☐ ☐ ☐ c. Internet _____
☐ ☐ ☐ ☐ d. Hotel/visitor activity desk _____
☐ ☐ ☐ ☐ e. Government Office _____
☐ ☐ ☐ ☐ f. Other _____

5. Is this your first time on this trail?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

6. Have you hiked other Hawaii trails?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

7. How many times have you been hiking in the past 30 days?

1 2 3 4

- ☐ ☐ ☐ ☐ a. 0
☐ ☐ ☐ ☐ b. 1 – 2
☐ ☐ ☐ ☐ c. 3 or more

8. Footwear

1 2 3 4

- ☐ ☐ ☐ ☐ a. Hiking Boots
☐ ☐ ☐ ☐ b. Running Shoes
☐ ☐ ☐ ☐ c. Slippers
☐ ☐ ☐ ☐ d. Tevas/Athletic Sandals
☐ ☐ ☐ ☐ e. Other

9. How far did you hike today?

1 2 3 4

- ☐ ☐ ☐ ☐ a. To the end _____
☐ ☐ ☐ ☐ b. Part of the way _____
☐ ☐ ☐ ☐ c. To the attraction _____
☐ ☐ ☐ ☐ d. Other _____

10. Did you inform someone (not with you) of your planned hike/route?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

11. Did you inform them of an estimated return time?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

12. What hazards did you expect to encounter on this trail (check all that apply)?

- | | | | |
|---|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> rockfall | <input type="checkbox"/> falling branches | <input type="checkbox"/> steep cliffs | <input type="checkbox"/> none |
| <input type="checkbox"/> flashflood | <input type="checkbox"/> washed out trail | <input type="checkbox"/> bugs/insects | |
| <input type="checkbox"/> slippery trail | <input type="checkbox"/> sunburn/heat | <input type="checkbox"/> other | |

13. Have you ever gotten lost while hiking?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

14. Did you leave the trail today?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

15. Did you notice the signs on the trail?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

16. If yes, what information do you remember?

- | | | |
|--|---|---|
| <input type="checkbox"/> a. Name | <input type="checkbox"/> d. Don't leave trail | <input type="checkbox"/> g. Hazard warning sign |
| <input type="checkbox"/> b. Distance | <input type="checkbox"/> e. Restoration Area | <input type="checkbox"/> h. Directional |
| <input type="checkbox"/> c. Mile Markers | <input type="checkbox"/> f. Clean your boots | <input type="checkbox"/> i. Other _____ |

17. What level of difficulty would you rate the trail?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Difficult
☐ ☐ ☐ ☐ b. Intermediate
☐ ☐ ☐ ☐ c. Easy
☐ ☐ ☐ ☐ d. Don't know

18. Was the trail easier or harder than you thought it would be?

1 2 3 4

- ☐ ☐ ☐ ☐ a. Easier
☐ ☐ ☐ ☐ b. Harder
☐ ☐ ☐ ☐ c. Same

19. Would you consider yourself a:

1 2 3 4

- ☐ ☐ ☐ ☐ a. Beginning
☐ ☐ ☐ ☐ b. Intermediate
☐ ☐ ☐ ☐ c. Advanced hiker

20. Are you regularly active? (Regularly active = 30 minutes or more a day, on at least four (4) or more days a week.)

1 2 3 4

- ☐ ☐ ☐ ☐ a. Yes
☐ ☐ ☐ ☐ b. No

21. How many hours a week do you exercise?

1 2 3 4

- ☐ ☐ ☐ ☐ a. 0
☐ ☐ ☐ ☐ b. 1-4
☐ ☐ ☐ ☐ c. 5-10
☐ ☐ ☐ ☐ d. 10+

22. What other types of exercise do you do?

- | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Gardening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Aerobics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Jogging/Running | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Swimming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Tennis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Biking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Surfing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Weightlifting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Competitive Sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Other |

23. Do you have children?

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. No |

28a. If yes, do you hike with your children?

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. No |

24. Do you smoke?

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Yes ____ packs per day, ____ years been smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. No |

Demographics

25. Sex

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Male |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Female |

26. Ethnicity

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Caucasian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Hawaiian/Part Hawaiian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Filipino |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Japanese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Korean |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Samoan/Tongan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Black/African American |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Native American |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Vietnamese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Asian Indian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Portuguese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Guamanian/Chamorro |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. Mixed/non-Hawaiian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Don't know/not sure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Refused |

27. Age

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. <12 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. 12-18 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. 18-24 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. 24-34 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. 35-44 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. 45-54 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. 55-64 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. 65+ |

28. Are you a Hawaii resident?

- | | |
|---|---|
| <input type="checkbox"/> Yes: Zip Code _____ | <input type="checkbox"/> Yes: Zip Code _____ |
| <input type="checkbox"/> No: State/ Country _____ | <input type="checkbox"/> No: State/ Country _____ |
| <input type="checkbox"/> Yes: Zip Code _____ | <input type="checkbox"/> Yes: Zip Code _____ |
| <input type="checkbox"/> No: State/ Country _____ | <input type="checkbox"/> No: State/ Country _____ |

29. Occupation

- | 1 | 2 | 3 | 4 | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Student |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Military |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Retired |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Employeed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Unemployeed |

Additional Comments:

DLNR High Use Trail and Park Census

DEPARTMENT OF LAND & NATURAL RESOURCES
State of Hawai'i



Island: _____ Trail: _____ Weather: _____ Refused ☐
Date: _____ Time: _____ Observed By: _____

Total # in Party:

Commercial Group?

- ☐ Yes IF YES, STOP! DO NOT INTERVIEW!!!
☐ No

30. What did you bring with you today?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Backpack |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Food |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n. First Aid Kit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | o. Cell Phone |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p. Map |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q. Rain Gear |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | r. Flashlight |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | s. Whistle |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | t. Walking Stick |

31. What was your primary reason for going hiking today?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Exercise/Physical Activity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Experience Nature |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Traditional/cultural |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Spend time with a friend |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. See the attraction/view |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Other |

32. How did you access the trail/park?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Car |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Bus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Bike |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Walked |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Taxi |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Other |

33. How did you learn about the trail?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Word of Mouth _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Trail Guidebook _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Internet _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Hotel/visitor activity desk _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k. Government Office _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l. Other _____ |

34. Is this your first time on this trail?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. No |

35. Have you hiked other Hawaii trails?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. No |

36. Footwear

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Hiking Boots |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Running Shoes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Slippers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Tevas/Athletic Sandals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Other |

37. What hazards did you expect to encounter on this trail (check all that apply)?

- | | | | |
|---|---|---------------------------------------|-------------------------------|
| <input type="checkbox"/> rockfall | <input type="checkbox"/> falling branches | <input type="checkbox"/> steep cliffs | <input type="checkbox"/> none |
| <input type="checkbox"/> flashflood | <input type="checkbox"/> washed out trail | <input type="checkbox"/> bugs/insects | |
| <input type="checkbox"/> slippery trail | <input type="checkbox"/> sunburn/heat | <input type="checkbox"/> other | |

38. Have you ever gotten lost while hiking?

1 2 3 4

☐ ☐ ☐ ☐ c. Yes

☐ ☐ ☐ ☐ d. No

39. Did you leave the trail today?

1 2 3 4

☐ ☐ ☐ ☐ c. Yes

☐ ☐ ☐ ☐ d. No

40. Did you notice the signs on the trail?

1 2 3 4

☐ ☐ ☐ ☐ c. Yes

☐ ☐ ☐ ☐ d. No

41. If yes, what information do you remember?

☐ j. Name

☐ k. Distance

☐ l. Mile Markers

☐ m. Don't leave trail

☐ n. Restoration Area

☐ o. Clean your boots

☐ p. Hazard warning sign

☐ q. Directional

☐ r. Other _____

42. What level of difficulty would you rate the trail?

1 2 3 4

☐ ☐ ☐ ☐ e. Difficult

☐ ☐ ☐ ☐ f. Intermediate

☐ ☐ ☐ ☐ g. Easy

☐ ☐ ☐ ☐ h. Don't know

43. Was the trail easier or harder than you thought it would be?

1 2 3 4

☐ ☐ ☐ ☐ d. Easier

☐ ☐ ☐ ☐ e. Harder

☐ ☐ ☐ ☐ f. Same

44. Would you consider yourself a:

1 2 3 4

☐ ☐ ☐ ☐ d. Beginning

☐ ☐ ☐ ☐ e. Intermediate

☐ ☐ ☐ ☐ f. Advanced hiker

45. Are you a Hawaii resident?

☐ Yes: Zip Code _____

☐ No: State/ Country _____

☐ Yes: Zip Code _____

☐ No: State/ Country _____

☐ Yes: Zip Code _____

☐ No: State/ Country _____

☐ Yes: Zip Code _____

☐ No: State/ Country _____

Demographics

46. Sex

1 2 3 4

☐ ☐ ☐ ☐ c. Male

☐ ☐ ☐ ☐ d. Female

47. Ethnicity

1 2 3 4

☐ ☐ ☐ ☐ r. Caucasian

☐ ☐ ☐ ☐ s. Hawaiian/Part Hawaiian

☐ ☐ ☐ ☐ t. Chinese

☐ ☐ ☐ ☐ u. Filipino

☐ ☐ ☐ ☐ v. Japanese

☐ ☐ ☐ ☐ w. Korean

☐ ☐ ☐ ☐ x. Samoan/Tongan

☐ ☐ ☐ ☐ y. Black/African American

☐ ☐ ☐ ☐ z. Native American

☐ ☐ ☐ ☐ aa. Vietnamese

☐ ☐ ☐ ☐ bb. Asian Indian

☐ ☐ ☐ ☐ cc. Portuguese

☐ ☐ ☐ ☐ dd. Guamanian/Chamorro

☐ ☐ ☐ ☐ ee. Mixed/non-Hawaiian

☐ ☐ ☐ ☐ ff. Other

☐ ☐ ☐ ☐ gg. Don't know/not sure

☐ ☐ ☐ ☐ hh. Refused

48. Age

1 2 3 4

☐ ☐ ☐ ☐ i. <12

☐ ☐ ☐ ☐ j. 12-18

☐ ☐ ☐ ☐ k. 18-24

☐ ☐ ☐ ☐ l. 24-34

☐ ☐ ☐ ☐ m. 35-44

☐ ☐ ☐ ☐ n. 45-54

☐ ☐ ☐ ☐ o. 55-64

☐ ☐ ☐ ☐ p. 65+

49. Occupation

1 2 3 4

- ☐ ☐ ☐ ☐ f. Student
☐ ☐ ☐ ☐ g. Military
☐ ☐ ☐ ☐ h. Retired
☐ ☐ ☐ ☐ i. Employeed
☐ ☐ ☐ ☐ j. Unemployed

Proceed ONLY if a Hawaii Resident.

50. Are you regularly active? (Regularly active = 30 minutes or more a day, on at least four ((4) or more days a week.

1 2 3 4

- ☐ ☐ ☐ ☐ c. Yes
☐ ☐ ☐ ☐ d. No

51. How many hours a week do you exercise?

1 2 3 4

- ☐ ☐ ☐ ☐ e. 1-3
☐ ☐ ☐ ☐ f. 4-7
☐ ☐ ☐ ☐ g. 8-10
☐ ☐ ☐ ☐ h. 10+

52. Do you engage in other types of exercise?

1 2 3 4

- ☐ ☐ ☐ ☐ m. Walking
☐ ☐ ☐ ☐ n. Jogging/Running
☐ ☐ ☐ ☐ o. Golf
☐ ☐ ☐ ☐ p. Weightlifting

1 2 3 4

- ☐ ☐ ☐ ☐ q. Gardening
☐ ☐ ☐ ☐ r. Swimming
☐ ☐ ☐ ☐ s. Biking
☐ ☐ ☐ ☐ t. Competitive Sports

1 2 3 4

- ☐ ☐ ☐ ☐ u. Aerobics
☐ ☐ ☐ ☐ v. Tennis
☐ ☐ ☐ ☐ w. Surfing
☐ ☐ ☐ ☐ x. Other

53. Do you smoke?

1 2 3 4

- ☐ ☐ ☐ ☐ c. Yes ____ packs per day, ____ years been smoking
☐ ☐ ☐ ☐ d. No

Additional Comments:

Survey Procedure and Method

1. If the trail is a loop trail, interview each person exiting the trail. If the trail ends at another location or if the area is a park, interview every available person.
2. Use one survey sheet for each group.
3. The survey sheet has up to 4 boxes next to each answer, to allow the recording of responses from up to 4 persons. Before beginning the survey, the interviewer must decide which person in the group will be "person 1," "person 2," etc. The interviewer must then **consistently** record the responses from each person in the group in the same box. (E.g. person 1's response always goes in the first box; person 2's response goes in the second box; . . .).
4. If the group has more than 4 persons, two interviewers may divide the group and record responses. If there is only one interviewer available, the interviewer should record the total number of persons in the group, but only collect responses for 4 members of the group.
5. If it is clear that the group is being led by a commercial tour guide, either by the size of the group or by the actions of the group leader, DO NOT APPROACH the group and attempt to interview them. Instead, note the size of the group on the survey form.
6. For those not part of a commercial group, approach the potential participants with a SMILE. Use the following introduction to identify yourself and what you are doing:

HELLO! MY NAME IS _____.

I AM FROM THE UNIVERSITY OF HAWAII.

WE ARE CONDUCTING A SURVEY OF THE CHARACTERISTICS AND PERCEPTIONS OF TRAIL AND PARK USERS.

WOULD YOU CARE TO ANSWER A FEW QUESTIONS? (survey should not last more than 5-7 minutes)

7. When someone says that they will participate, check off (do not ask) the type of activity they are doing (hiking, biking, horseback riding, etc.). The survey is now underway.
8. If someone (or a group) refuses to participate, politely accept their decision. Note their refusal and the size of the group on a survey sheet.
9. If you have any questions or problems at any time, report immediately to your crew chief for help.
10. Feel free to make additional notations in the margins or on the back of the survey if a person's response does not fall neatly into one of the answer options.
11. After a person has completed a survey with you, THANK them for helping. If they have any questions, direct them to the crew chief.

REMEMBER TO BE FRIENDLY . . . UNDERSTANDING . . . AND HAVE FUN!!!